This form is available electronically.	COI	PM				
CRP-1 U.S. DEPARTMENT OF AGRICI	II TURE				Page 1 of 1	
(10-22-15) Commodity Credit Corporation		1. ST. & C	ST. & CO CODE & ADMIN. LOCATION		2. SIGN-UP NUMBER	
CONSEDVATION DEGREE			31 027		38	
CONSERVATION RESERVE PROGRAM CONTRACT		2 001	3. CONTRACT NUMBER 893A		4. ACRES FOR ENROLLMENT	
		3. CONTI				
7A. COUNTY OFFICE ADDRESS (Include Zin Code)					4.32	
7A. COUNTY OFFICE ADDRESS (Include Zip Code) CEDAR COUNTY FARM SERVICE AGENCY		5. FARM	5. FARM NUMBER 7967		6. TRACT NUMBER(S) 8947	
F.O. BOX 277 102 EAST ELM						
HARTINGTON, NE 68739-0277		8. OFFER (Select one)		9. CONTRACT PERIOD		
		GENERAL			TO:	
7B. TELEPHONE NUMBER (Include Area Code): (402)	254-6855	ENI/IPONIM	ENVIRONMENTAL PRIORITY		(MM-DD-YYYY)	
THIS CONTRACT is entered into between the Commodity Credit Corporation Participant".) The Participant agrees to place the designated acreage into the period from the date the Contract is executed by the CCC. The Participant such acreage and approved by the CCC and the Participant.						
period from the date the Contract is executed by the CCC. such acreage and approved by the CCC and the Participant Contract, including the Appendix to this Contract, entitled A Participant acknowledges that a copy of the Appendix for the damages in an amount specified in the Appendix if the Participant acknowledges that a copy of the Appendix for the Contained in this Form CRP-1 and in the CRP-1 Appendix OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix 10A. Rental Rate Per Acre \$ 157.57	opendix to CRP-1, Conserv. e applicable sign-up period icipant withdraws prior to CO lix and any addendum theo and any addendum theo	ation Reserve Progr has been provided i CC acceptance or re reto. BY SIGNING to; CRP-2; CRP-2C	am Contract (referred to such person. Such person. The terms and THIS CONTRACT PROSECTOR.)	o as "Appendix"). Beerson also agrees to decrease to decrease this DDUCERS ACKNO	tained in this y signing below, the	
10B. Annual Contract Payment \$681	11. Identification		(See Page 2 for add	ditional space)		
10C. First Year Payment \$	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share	
	8947	5	CP5A	4.32	\$ 6,134	
(Item 10C applicable only to continuous signup when the first year payment is prorated.)					W 1	
12. PARTICIPANTS (If more than three indi	viduals are signing, s	ee Page 3.)				
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code DAVID EMERY FISCHER JR): (2) SHARE	(3) SIGNATI	JRE	(4) DA	TE (MM-DD-YYYY)	
56067 892 RD			0.	(1) 5/1	TE (MINI-DD-YYYY)	
FORDYCE, NE 68736-5005	100.0	0%	المنا لذ	WV 1 2	12-18	
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code	1010111	Duc	10 11500	wish a.	10-18	
Example No Noone 33 (zip Code)	(2) SHARE	(3) SIGNATU	JRE	(4) DA	TE (MM-DD-YYYY)	
C(1) PARTICIPANT'S NAME AND ADDRESS						
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code	(2) SHARE	(3) SIGNATU	(3) SIGNATURE		(4) DATE (MM-DD-YYYY)	
		0/				
		%				
3. CCC USE ONLY A SIGNATURE OF						
A. SIGNATURE OF	CCC REPRESENTATI	VE A		B. DA	TE (MM-DD-YYYY)	
NOTE: The following statement is made in accordance with the	ho Delivery Art 5 to 7 to 10	- XII-	Tarkel	2	1/12-18	
NOTE: The following statement is made in accordance with t is 7 CFR Part 1410, the Commodity Credit Corporation of 2014 (Pub. L. 113-79). The information will be use	on Charter Act (15 U.S.C. 714	C 552a - as ลักโอศัสดิ์ et seg.), the Food Se	The authority for requirements Act of 1985 (16.11	esting the information	identified on this form	
Farm Records File (Automated) Providing the regula	ulation and/or as described in	applicable Routine U	THUAL AGENCIES, AND NOT	MOVernmental antition	that have be-	
Farm Records File (Automated). Providing the reque ineligibility to participate in and receive benefits under	sted information is voluntary. The Conservation Reserve Pr	However, failure to fu ogram.	rnish the requested infor	mation will result in a	determination of	
This information collection is exempted from the Deca						
TIO U.S. Department of Agriculture / ISDA) problem discussions			MANAGER AND THE REST.			
isability, sex, gender identity, religion, reprisal, and where applic toome is derived from any public assistance program, or protect rohibited bases will apply to all programs and/or employment ac Itemative means of communication for program information (e.g. adividuals who are deaf, hard of hearing, or have speech disabil. 100) 877-8339 or (800) 845-6136 (in Spanish).	ed genetic information in emp tivities.) Persons with disabili	loyment or in any pro ties, who wish to file a	gram or activity conducted program complaint writed	d or funded by the De	an individual's epartment. (Not all	
you wish to file a Civil Rights program complaint of discrimination to the sacr.usda.gov/complaint_filing_cust.html, or at an applicated in the form. Sand your completed complaint form.	on, complete the USDA Progra ny USDA office, or call (866) 6	am Discrimination Co 32-9992 to request th	mplaint Form, found onling form. You may also w	ne at rite a letter containing		
Vashington, D.C. 20250-9410, by fax (202) 690-7442 or email at	program.intake@usda.gov.	USDA is an equal of	pportunity provider and e	n, 1400 independence mployer.	Avenue, S.W.,	
Original – County Office Copy		wner's Copy			or's Copy	